

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27519**  
3177  
Registrar's No.

FILED SEP 13 1941

Registration District No.

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**K.C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **23 days**  
(Specify whether  
In this community **43 yrs 0**  
years, months or days)

3. (a) PRINT  
FULL NAME

**JOHN BURKE**

3. (b) If veteran, name/war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 0 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Wid. 1**

6. (b) Name of husband or wife **Camille** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **Not Known**  
(Month) (Day) (Year)

8. AGE: Years **60** Months Days If less than one day hr. min.

9. Birthplace **Des Moines Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Owner Worker**

11. Industry or business **Killed 5-29**

12. Name **John Burke**

13. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Collier**

15. Birthplace **Wis**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anne Andrews**

(b) Address **239 No. Nelson**

17. (a) **Burial** (b) Date thereof **Aug 16 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's**

18. (a) Signature of funeral director **John J. Tobin**

(b) Address **Kansas City**

19. (a) **9/25/41** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1119 Prospect**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country **D**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **23rd**  
year **1941** hour **10:00 P.M.** minute **—** M.

21. I hereby certify that I attended the deceased from **2-21-41** 19 to **8-23-41** 19;  
that I last saw him alive on **8-23-41** 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Squamous cell carcinoma of larynx, Grade 11**

Due to **4702**  
Due to

Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work Means of injury

23. Signature **Dr. R. R. Brown** (M. D. or other) **D**  
Address **Med. Dir. K.C. Gen. Hospital** Date signed

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Charles M. Quinn*

Licensed Embalmer No. *3776*

P. O. Address..... *RC Moore*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**